

# ARKANSAS 2023 APPLICATION FOR ABSENTEE BALLOT

Revised 09/2021

## TO BENTON COUNTY CLERK:

215 E Central Ave, Ste. 217

Bentonville, AR 72712

Phone: 479-271-1013 / Fax 479-271-1019

Email: [absentee@bentoncountyar.gov](mailto:absentee@bentoncountyar.gov)

<b>FOR OFFICE USE ONLY</b>
DATE: _____
REGISTRANT ID: _____
PRECINCT: _____

### **INSTRUCTIONS TO VOTER: PLEASE MAKE ONLY ONE SELECTION FOR SECTIONS ONE (1) THROUGH FOUR (4).**

#### **1. PLEASE SELECT A REASON FOR REQUESTING AN ABSENTEE BALLOT:**

- I will be unavoidably absent from my polling site on Election Day, OR
- I will be unable to attend the polls on Election Day because of an illness or physical disability, OR
- I am a resident of a long-term care or residential facility licensed by the state.

#### **2. PLEASE SELECT FROM THE FOLLOWING OPTIONS CONCERNING YOUR RESIDENCE:**

- I currently reside within the county in which I am registered to vote.
- I currently reside outside of the county in which I am registered to vote.
- I am a United States citizen residing outside of the territorial limits of the United States (UOCAVA).
- I am an active service member of the United States armed services (UOCAVA).
- I am a spouse or dependent of an active service member of the United States armed services (UOCAVA).

#### **3. PLEASE SELECT THE ELECTION IN WHICH YOU WISH TO CAST AN ABSENTEE BALLOT:**

- Preferential Primary/Nonpartisan Judicial General (held in the spring of even-numbered years).  
**Party Preference (Circle One):**    **Democratic**                      **Republican**                      **Nonpartisan (You will be sent a Judicial ballot only)**
- November General Election/Nonpartisan Judicial Runoff.
- Annual School Election.
- Special Election to be held on \_\_\_\_\_ (Date).

#### **You may qualify for:**

- All elections for **one calendar year** (i.e., today's date through December 31<sup>st</sup> of the current year).
  - o In order to qualify for this option, you must be a voter with a disability, in a long-term or residential care facility, or living outside of the county in which you are registered to vote.
- All elections through the **next Federal General Election Cycle**.
  - o In order to qualify for this option, you must be a UOCAVA voter (See Section 2 above).

#### **4. PLEASE SELECT HOW YOU WISH TO RECEIVE YOUR BALLOT:**

- I will pick up my ballot from the office of the county clerk.
- Email (available for UOCAVA voters only). My email address is: \_\_\_\_\_
- Mail. Please send my ballot to the following address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Picked up via Designated Bearer, Administrator, or Authorized Agent:

\_\_\_\_\_  
Printed Name of Bearer/Administrator/Agent

\_\_\_\_\_  
Signature of Bearer/Administrator/Agent

**Note:** A designated bearer may obtain or deliver absentee ballots for no more than two (2) voters per election and may only do so within the 15 days before a school election, special election, preferential primary election, or general election OR the 7 days before a runoff election. A bearer, administrator, or authorized agent must provide a current and valid photo ID to the county clerk and must sign the register, under oath, when picking up or delivering an absentee ballot.

**The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be guilty of perjury and subject to a fine of up to ten thousand dollars (\$10,000) or imprisonment for up to ten (10) years, or both, under federal law. I certify under penalty of perjury that I am registered to vote, and that I am the person who is registered to vote.**

\_\_\_\_\_  
Residential Address of Absentee Voter

\_\_\_\_\_  
Date of Birth of Absentee Voter

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Phone Number of Absentee Voter

\_\_\_\_\_  
Printed Name of Absentee Voter

\_\_\_\_\_  
Signature of Absentee Voter

**YOU MAY RETURN THIS APPLICATION TO YOUR LOCAL COUNTY CLERK VIA MAIL, FAX, OR EMAIL.**